

Substitute for form 1449/PTO		<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>		Application Number	
		Filing Date	
		First Named Inventor	<b>Hiroshi KAWAI</b>
		Art Unit	
		Examiner Name	
Sheet	of	Attorney Docket Number <b>36856.1146</b>	

## **NON PATENT LITERATURE DOCUMENTS**

Examiner Signature	Bernard Rega	Date Considered	04/06/06
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\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

<sup>1</sup> Applicant unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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Signature Seward Considered 3/1/23/23

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